

**PLEASE TYPE OR PRINT IN INK. Respond to all items.** If unable to answer in the space provided attach a schedule in the same format. Changes of or additions to the information in this statement are to be submitted in this format. Copies of all fund raising contracts must be submitted to this Office. If any of the information in this statement changes, this Office **must** be notified in writing within ten (10) days of the changes. All contracts between professional fund raising consultants and charitable organizations **must** be in writing and filed by the PFC with the Attorney General. Contracts shall contain the charity's legal name, their registration number, a street address, a contact party and the party's daytime telephone number. Changes or additions to the information in this statement must be submitted on this form. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, Charitable Trust Bureau, 100 West Randolph Street, 3rd Floor, Chicago, Illinois 60601

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|-----|---|--|---|
| 1.  | This is a (CHECK ONE and DATE):   | <input type="checkbox"/> A NEW REGISTRATION <input type="checkbox"/> RE-REGISTRATION <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION   |   |
|     | AS OF   | <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> |   |
| 2.  | LEGAL<br>NAME   | REGISTRATION / REREGISTRATION<br>For Two (2) Years Upon Filing with the Attorney General   |   |
| 3.  | MAILING<br>ADDRESS  | PFC # 11-  |   |
|     | CITY,<br>STATE,<br>ZIP CODE   | PHONE<br>NUMBER  | FEIN #  |
| 4.  | A STREET ADDRESS (if different than above) _____  |  |   |
| 5.  | NAMES OF MANAGEMENT PERSON AND PRESIDENT _____ TITLE _____  |  |   |
| 6.  | TYPE OF FIRM (Corporation, Partnership or Individual) _____<br>(Corporations must <b>ATTACH</b> Charter & Articles<br>ILLINOIS SECRETARY OF STATE'S CORPORATE FILE NO. _____<br><br>NAME OF ILLINOIS REGISTERED AGENT _____<br><br>AGENT'S MAIL ADDRESS (if P.O. BOX also a street address) _____ |  |   |
| 7.  | GIVE PRINCIPAL ILLINOIS ADDRESS, IF ANY, AT WHICH RECORDS ARE KEPT AND NAME OF CUSTODIAN. ( NOT A P.O. BOX )<br><br>_____   |  |   |
| 8.  | LIST ALL BUSINESS LOCATIONS, OTHER THAN ABOVE USED FOR FUNDRAISING. ( <b>ATTACH</b> SCHEDULE INDICATING<br>ACTIVITY DESCRIPTION, STREET ADDRESS, CITY, STATE, and if temporary location BEGINNING and ENDING USE DATES.)<br><br>_____<br><br>_____  |  |   |
| 9.  | IF THE REGISTRANT USES OR OPERATES UNDER ANY NAME(S) OTHER THAN THE NAME LISTED IN NUMBER 2 ABOVE, LIST<br>ALL OTHER NAME(S) USED AND ATTACH DOCUMENTATION. (i.e., REGISTRATION UNDER THE ASSUMED NAMES ACT)<br><br>_____<br><br>_____  |  |   |
| 10. | LIST ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, AND OWNERS OF TEN PERCENT OR MORE<br>OF THE CAPITAL STOCK. ( <b>ATTACH</b> SCHEDULE IF NECESSARY)   |  |   |
|     | NAME  | STREET ADDRESS   | TITLE    % OF INTEREST    BIRTH DATE    DRIVERS LICENSE #    STATE OF ISSUE |
|     | _____   |  |   |
|     | _____   |  |   |
|     | _____   |  |   |

11. LIST ALL PRINCIPAL PARTIES, OFFICERS, DIRECTORS, EXECUTIVE PERSONNEL, AND OWNERS OR FAMILY MEMBERS OF REGISTRANT HAVING ANY OWNERSHIP INTEREST IN ANY OTHER FIRMS PROVIDING GOODS OR SERVICES USED IN FUND RAISING.

NAME of PARTY	NATURE OF BUSINESS	% INTEREST	NAME and STREET ADDRESS of BUSINESS
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12. LIST THE INFORMATION REQUESTED BELOW FOR ALL CHARITABLE ORGANIZATIONS HAVING CONTRACTS WITH REGISTRANT, WHICH ARE OR WILL BE IN EFFECT DURING THE REGISTRATION PERIOD INVOLVING THE RAISING OF FUNDS IN ILLINOIS AND **ATTACH** COPIES OF THE CONTRACTS.

CHARITY REGISTRATION #	LEGAL NAME and STREET ADDRESS of CHARITABLE ORGANIZATION	FROM and TO DATES (MM/DD/YY)
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13. IS THE REGISTRANT LICENSED BY, REGISTERED WITH OR HAVE A PERMIT FROM ANY OTHER GOVERNMENTAL AGENCY FOR THE PURPOSE OF PROVIDING FUND RAISING COUNSEL FOR CHARITABLE ORGANIZATIONS ☐ Yes ☐ No  
**IF "YES" LIST THE FOLLOWING INFORMATION:**

NAME and ADDRESS of GOVERNMENTAL AGENCY	DATE of AUTHORIZATION(Month/Day/Year)
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13. HAS THE REGISTRANT HAD ANY LICENSE, REGISTRATION OR PERMIT DENIED, CANCELLED OR REVOKED, OR IS ANY SUCH ACTION PENDING? ☐ Yes ☐ No IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS of GOVERNMENTAL AGENCY, NATURE of ACTION, DATE of ACTION.

14. HAS ANY GOVERNMENTAL ACTION, OTHER THAN LISTED IN 13 ABOVE, BEEN TAKEN AGAINST THE REGISTRANT OR ANY OF ITS PRINCIPAL PARTIES, EMPLOYEES, OFFICERS, DIRECTORS, OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK OR THEIR RELATIONS IN CONNECTION WITH ANY FUNDRAISING ACTIVITY? ☐ Yes ☐ No  
IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS of GOVERNMENTAL AGENCY, AGAINST WHOM ACTION WAS TAKEN, NATURE of ACTION, DATE of ACTION.

15. HAVE ANY OF THE FIRM'S PRINCIPAL PARTIES, EMPLOYEES, OFFICERS, DIRECTORS, OWNERS OF TEN PERCENT OR MORE OF THE CAPITAL STOCK OR THEIR RELATIONS EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING THE MISAPPROPRIATION OR MISUSE OF MONEY OF ANOTHER, OR OF ANY FELONY? ☐ Yes ☐ No  
IF "YES" ATTACH A SCHEDULE INDICATING NAME and ADDRESS of COURT, WHO WAS CONVICTED, NATURE of OFFENSE, DATE of CONVICTION.

NOTE: VERIFICATION MUST BE BY THE CORPORATE PRESIDENT, A GENERAL PARTNER OR THE SOLE PROPRIETOR.

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) -- SS **AFFIDAVIT**

I, \_\_\_\_\_ under penalty of perjury and being sworn on oath state that I am (circle) the CORPORATE PRESIDENT, a GENERAL PARTNER or the SOLE PROPRIETOR of the registrant professional fund raising consultant, (Name of PFC) \_\_\_\_\_, and that as such **I have personal knowledge that (Name of PFC) \_\_\_\_\_ has not or will not at any time have custody or control of charitable contributions.** I further state that I have read this entire registration statement and personally know the contents thereof to be true, and such is stated and filed with the Illinois Attorney General for the purpose of having the people of the State of Illinois rely thereupon. I hereby further authorize and agree to submit myself and the registrant hereby to the jurisdiction of the State of Illinois.

Subscribed and sworn to before me,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
NOTARY PUBLIC